U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - AAAA			
7000	2. Fiscal Year Covered From;		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Tom Woodruff	Name SEIU		
	Labor Organization File Number 000-137		
P.O. Box, Bldg., Room No., if any SEIU	P.O. Box, Building and Room Number, if any		
Street 1313 L Street NW	Street 1313 L Street NW		
City Washington	City Washington		
State District of Columbia ZIP Code + 4 20005	State District of Columbia ZIP Code + 4 20005		
5. Position in labor organization. Executive Vice President			
	The following interests		
Enter appropriate data below if, during the past fiscal year, you or your spour (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or completely value from an employer whose employees whose experience whose employees whose e	sons sectoral in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or o monetary value from an employer whose employees your organization	lerived income or other economic benefit of on represents or is actively seeking to represent.		
A. Held an interest in engaged in transactions (i.e. t. "	sons sectoral in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	lerived income or other economic benefit of on represents or is actively seeking to represent.		
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name	lerived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	lerived income or other economic benefit of on represents or is actively seeking to represent.		
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A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	Periors set total in the instructions): Perior of Income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
A. Held an interest in, engaged in transactions (including loans) with, or omenetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of Penalty of Penalty in this report (including the information contents).	Periors set total in the instructions): Perior of Income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
A. Held an interest in, engaged in transactions (including loans) with, or omenetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of Posubmitted in this report (including the information contained in any accompanyin undersigned's knowledge and belief, true, correct, and complete. (See the sections)	lerived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.c. Amount.		

Name of Person Filing Tom Woodruff		File Number U -	4006
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oft of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the busines: actively seeking to represent, or	S	
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Peter D. Hart Research Associates			
Trade Name, if any:	a. Labor Organizat	ion	
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 1724 Connecticut Avenue NW	c. Employer		
City Washington	W-1		
State District of Columbia ZIP Code + 4 20009			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g.	
Name	Performs polls for	SEIU.	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			0000000
City	11.b. Approximate dollar value	of such dealing.	\$184,000
Visit in the second of the sec	12.a. Nature of interest held		terrane and the second
State ZIP Code + 4	Holiday gift of ningstaff.	e grapefruit t	hat I put out for
	12.b. Amount.		\$20-\$30
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

File Number U-

400b

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

	T		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Kelly Press	a. Labor Organization		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 1701 Cabin Branch Drive	c. Employer		
City Cheverly			
State Maryland ZIP Code + 4 20785			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Provides printing services to SE	IU.	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$277,243	
	12.a. Nature of interest held or income received. Holiday gift of cheese.		
	12.b. Amount. (Estimate	ed) \$20	

Name of Person Filing Tor	n Woodruff
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File Number U-

4006

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Amalgamated Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1825 K Street NW City Washington State District of Columbia ZIP Code + 4 20006	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	Amalgamated Bank provides banking As of 12/31/04 SEIU had accounts w worth the amount stated below.	services to SEIU.
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$8,727,444
	12.a. Nature of interest held or income received.	
	Four tickets to a football game.	
	12.b. Amount.	\$325